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LEGISLATIVE ASSEMBLY
PROVINCE OF SASKATCHEWAN
(Session 1944)

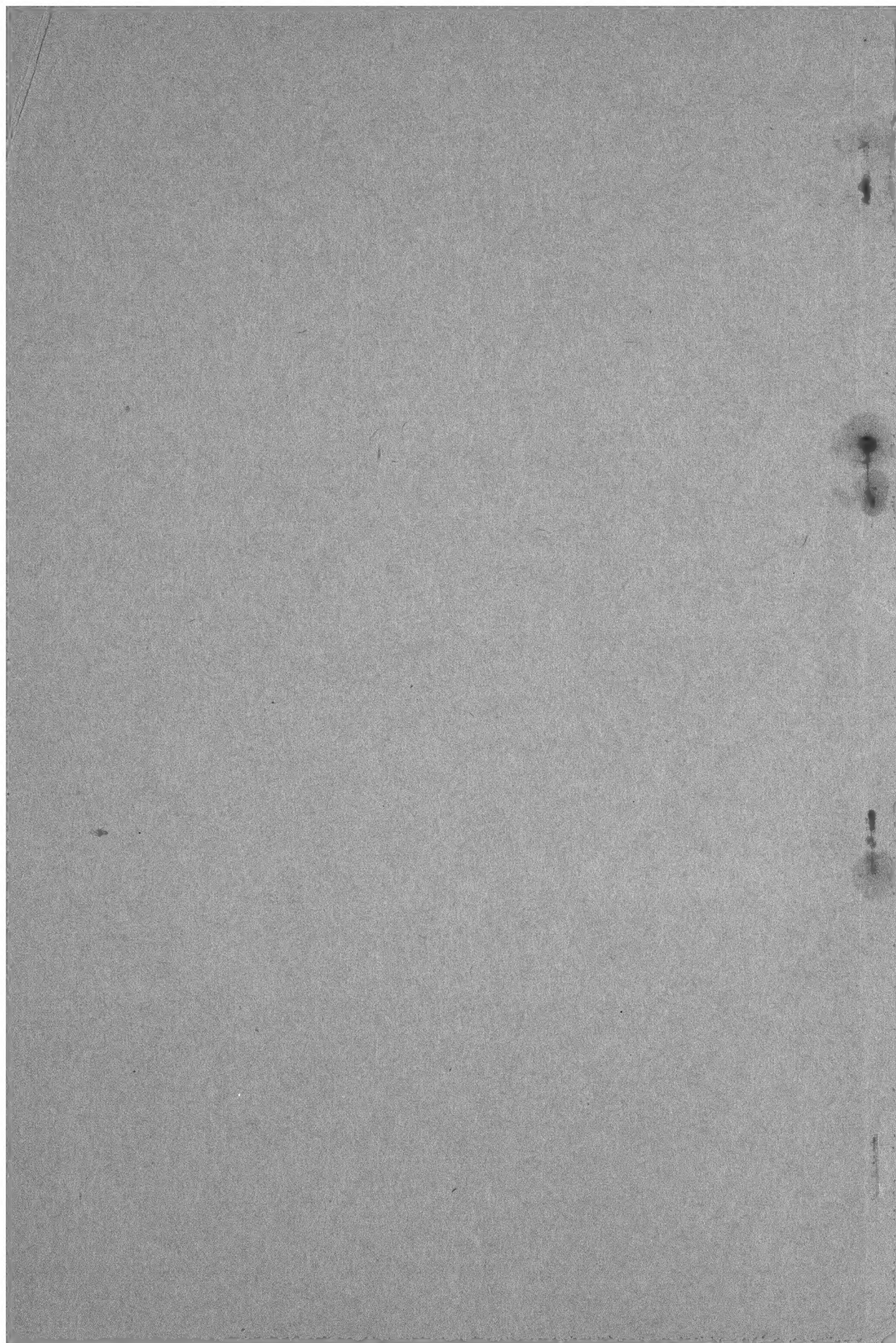
SELECT SPECIAL COMMITTEE
ON
SOCIAL SECURITY
AND
HEALTH SERVICES
1944

FINAL REPORT

ADOPTED BY THE LEGISLATIVE ASSEMBLY
MARCH 31, 1944.

Printed by Order of the Assembly

REGINA
THOS. H. McCONICA, King's Printer
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Final Report of Select Special Committee

on

SOCIAL SECURITY AND HEALTH SERVICES

1944

IN THE LEGISLATIVE ASSEMBLY, Thursday, March 30th, 1944:

Mr. Hogarth, from the Select Special Committee on Social Security and Health Services, presented the Final Report of the said Committee, which is as follows:

Your Committee has had under consideration an Order of Reference of the Assembly, of Friday, February 18, 1944, namely:

"Ordered, (1) That a Select Special Committee be appointed to study—

(a) the evidence, submissions, and material presented to, or assembled by, the Select Special Committee on Social Security and Health Services (1943);

(b) the report of the Inter-Sessional Committee appointed by Order in Council pursuant to the recommendation of the said Committee;

(c) any pertinent new material that may from time to time become available, and

(d) any other matters incident thereto, with a view to submitting at this Session a Final Report on the matters contained in the Orders of Reference to the Select Special Committee on Social Security and Health Services (1943), as set forth on pages 1 and 2 of the First Report of that Committee.

"(2) That Standing Orders 46 and 47 be suspended so that the said Committee may be comprised of the following twenty-two members, of whom twelve shall be a quorum:

Messieurs Hogarth (Chairman), Baker, Benson, Brockelbank, Danielson, Demers, Estey, Fraser, Herman, Howe, Johnson, Laing, McDaniel, McLeod, Pedersen, Pinder, Prince, Procter, Staines, Stewart, Uhrich, and Valteau."

In effect, therefore, your Committee was instructed to continue, and complete, if possible, the task assigned to the Select Special Committee of the 1943 Session by the original Order of Reference of the Assembly, of Tuesday, March 2, 1943, namely:

"Ordered, That a Select Special Committee be appointed to inquire into:

(1) Social Welfare legislation of Saskatchewan;

(2) Practical measures of further Social Security and Health Services for Saskatchewan by itself or in conjunction with the Government of Canada;

(3) Means by which the costs of such services may be raised;

(4) Constitutional limitations affecting joint Dominion-Provincial arrangements, and

(5) Any other matters incident thereto;

such Committee to report to this Assembly during the present Session with such recommendations as may appear advisable, and to be empowered to send for persons, papers and records, and to examine witnesses under oath.

"That Standing Orders 46 and 47 be suspended so that the said Committee may be comprised of the following twenty-five members, of whom fifteen shall be a quorum:

Messieurs Hogarth (Chairman), Baker, Benson, Brockelbank, Burton, Danielson, Demers, Estey, Fraser, Herman, Howe, Johnson, Krenn, Laing, McDaniel, McLeod, Pedersen, Pinder, Prince, Procter, Ross, Staines, Stewart, Uhrich, and Valteau."

The Select Special Committee of 1943 was unable to complete its inquiry for two stated reasons: (1) the time at its disposal, in relation to the volume of material and evidence submitted to it, was not sufficient to enable it to mature its decisions on the major matters as referred; (2) the fact that, a national scheme of Health Insurance being then under consideration of a Special Committee of the House of Commons at Ottawa, the Committee felt more definite knowledge of Federal proposals and intentions was necessary before it should attempt to formulate a Final Report. It, therefore, recommended continuation of the study by an Inter-Sessional Committee, and by a reconstituted Select Special Committee of the Assembly at the next (i.e. the present) Session.

Your Committee found itself in much the same difficulty as its predecessor: a Draft Bill, embodying a proposed National Health Insurance scheme again is under the consideration of a Special Committee of the Federal House of Commons.

Your Committee had an opportunity to examine the proposals contained in the said Draft Bill, and, having agreed that the benefits contained therein would, if implemented, be acceptable to the people of Saskatchewan, has proceeded on the assumption that the said Bill, or something closely akin to it, will eventually be adopted by the Dominion Parliament and Government.

The principal recommendation of your Committee is, therefore, that the necessary preparatory steps be taken in order to make the medical, hospital, and other benefits set forth in the Draft Bill, available to the people of Saskatchewan as soon as possible after the enabling Federal legislation has been enacted and promulgated.

Your Committee is submitting to the consideration of the Assembly certain alternative proposals which the Province might

adopt should action on the proposed National Health Insurance and Social Security measures be unduly delayed or indefinitely deferred.

Your Committee is reporting on all the items of the original Order of Reference, of March 2, 1943.

The Findings and Recommendations of your Committee are tabled herewith, together with the Exhibits filed with, and certain material evidence taken verbatim on Order of, the Select Special Committee of the 1943 Session. *(Sessional Paper No. 82)*

(Journals, Session 1944 -- Thursday, March 30, 1944.)

Concurrence

IN THE LEGISLATIVE ASSEMBLY, Friday, March 31, 1944:

The Order of the Day being called for taking into consideration the Final Report of the Select Special Committee on Social Security and Health Services, on motion of Mr. Hogarth, seconded by Mr. Laing:

Ordered, That the final Report of the Select Special Committee on Social Security and Health Services be now concurred in.

(Journals, Session 1944 — Friday, March 31, 1944.)

SELECT SPECIAL COMMITTEE
ON
SOCIAL SECURITY AND HEALTH SERVICES
(1944)
FINAL REPORT
TO
THE LEGISLATIVE ASSEMBLY

Thursday, March 30, 1944.

The Select Special Committee on Social Security and Health Services was appointed by Resolution of the Legislative Assembly, on Friday, February 18, 1944, the Resolution being as follows:

"Ordered, (1) That a Select Special Committee be appointed to study

- (a) The evidence, submissions, and material presented to, or assembled by, the Select Special Committee on Social Security and Health Services (1943);
- (b) the report of the Inter-Sessional Committee appointed by Order in Council pursuant to the recommendation of the said Committee;
- (c) any pertinent new material that may from time to time become available, and
- (d) any other matters incident thereto, with a view to submitting, at this Session, a Final Report on the matters contained in the Orders of Reference to the Select Special Committee on Social Security and Health Services (1943) as set forth on pages 1 and 2 of the First Report of that Committee;

"(2) That Standing Orders 46 and 47 be suspended so that the said Committee may be comprised of the following twenty-two members, of whom twelve shall be a quorum:

"Messieurs Hogarth (Chairman), Baker, Benson, Brockelbank, Danielson, Demers, Estey, Fraser, Herman, Howe, Johnson, Laing, McDaniel, McLeod, Pedersen, Pinder, Prince, Procter, Staines, Stewart, Urrich and Valleau."

The Order of Reference thus specifically instructed the Committee to continue, and conclude if possible, the work of the Select Special Committee of the 1943 Session, on the basis of the material and evidence already obtained, or which might become available. Broadly, then, the task of the Committee was to consider the

Orders of Reference to the 1943 Committee, which authorized an inquiry into, and report upon, the following matters:

- "(1) Social Welfare legislation of Saskatchewan;**
- (2) Practical measures of further Social Security and Health Services for Saskatchewan by itself or in conjunction with the Government of Canada;**
- (3) Means by which the costs of such services may be raised;**
- (4) Constitutional limitations affecting joint Dominion-Provincial arrangements, and**
- (5) Any other matters incident thereto."**

The Committee found its task considerably lessened by the report of the Inter-Sessional Committee. On the basis of that report, which succeeded in reducing the mass of evidence and material submitted, or obtained, to specific terms and comprehensive proportions, the Committee was able so to organize its deliberations that decisions were possible without undue delay, redundant research, or prolonged debate.

The Committee, from the start, accepted as axiomatic that the extended social and health services desired by the people of Saskatchewan could not be financed by the province alone from the sources of revenue available to it. Assistance from the Federal Treasury, on a generous scale, seemed indicated. This fact had been stressed by the majority of the witnesses appearing before the 1943 Committee; it was stressed also by members of the Committee when the broader subjects involved in the Orders of Reference were under consideration.

It followed, therefore, that the Committee throughout found itself forced to constant recognition of proceedings at Ottawa, where Health Insurance was being considered by a Select Committee on Social Security of the House of Commons.

Nevertheless, the Committee proceeded to completion of the task assigned to it, and has certain recommendations to make, certain opinions to express, on all the items of the original Order of Reference. It admits that these recommendations are largely conditioned upon developments at Ottawa; it acknowledges that those opinions depend largely upon acceptance by the Dominion Parliament and Government of the chief features of the National Health Insurance scheme embodied in the Draft Bill submitted by the Federal Advisory Committee on Health Insurance to the House of Commons Committee.

In other words, both in its consideration of Health Services and Social Security, the Committee had to proceed on the assump-

tion that, out of the Ottawa deliberations would eventually come:

- (a) a National scheme of Health Insurance based largely on the proposals contained in the Draft Bill, and
- (b) a National programme of Social Security developing certain of the suggestions contained in the Marsh Report.

The Committee, however, has gone beyond mere assumption. It recognized that the situation could not be met merely by the adoption of recommendations endorsing, in general terms, the principles of Health Insurance and Social Security on a National basis. It had to consider alternative propositions, in event of the national scheme being delayed, or deferred.

The Committee recalled that, in the submissions and evidence of the various representative organizations which appeared before the 1943 Committee, opinion had almost unanimously favoured:

- (1) a province-wide scheme of Health Services, by the province alone, if necessary, but preferably in conjunction with the Dominion, which would be available to all residents, irrespective of financial or economic status, and be as complete as it was possible to devise and sustain;
- (2) extension of Social Services, particularly by more generous provisions for the aged and the blind; for expectant mothers through Maternity Grants; for maintenance of the homes through Mothers' Allowances, and through consolidation of Welfare activities into one Department of Government.

The Committee, therefore, has certain recommendations to make on these specific matters—recommendations suggesting interim, or alternative, measures which may be taken pending, or in default of, action in the wider schemes by the Federal Parliament and Government.

The Orders of Reference

In considering the original Orders of Reference to the Select Special Committee of 1943, the Committee noted that two of the items therein appeared to have been sufficiently covered in the First Report of the 1943 Committee, namely:

Item (1)—“Social Welfare Legislation of Saskatchewan,” and

Item (4)—“Constitutional limitations affecting joint Dominion-Provincial arrangements.”

The First Report of the 1943 Committee lists (pages 9 and 10) some sixty statutes relating to Social Welfare in Saskatchewan,

under which social services are rendered to the people of the province. It notes, also, (page 10) that approximately \$10,000,000 was expended by the Government of Saskatchewan in the fiscal year 1941-42 in supplying such social services, at a net cost (i.e. less contributions by the Government of Canada) to the province of \$7,209,525.78. An additional \$4,953,200.62 was expended for educational purposes in that fiscal year. (*See Appendix No. 4*)

The Committee desires to reiterate the conclusion of its predecessor, as set forth in the First Report, that both in legislation relating to, and in governmental expenditures upon, social services, Saskatchewan compares very favourably with adjoining provinces in which similar economic conditions prevail.

Concerning the Constitutional reference, the Committee has little to add to the statement contained on page 11 of the 1943 Report. With the exception of Unemployment Insurance, which was brought within the exclusive jurisdiction of the Dominion by amendment of the British North America Act in 1942, social and health services generally, are matters of provincial jurisdiction. It would appear, however, that, in the matter of Health Insurance now under consideration at Ottawa, the constitutional difficulties have been overcome by leaving ultimate decision with the provinces. Under the scheme proposed in the Draft Bill, the primary jurisdiction remains, where it belongs, with the provinces, the Dominion participating by way of grants-in-aid, and special grants, conditional upon certain undertakings by the provinces, but not venturing into the more legally dubious field of joint control. (*See Appendix No. 3*)

The chief item of the Order of Reference to the 1943 Committee, that on which public interest was largely concentrated, and to which the Committee devoted most of its attention, was:

Item (2)—“Practical measures of further Social Security and Health Services for Saskatchewan by itself or in conjunction with the Government of Canada.”

For purposes of this Report, the Committee proposes to treat “Health Services” and “Social Security” under separate headings, while recognizing that the latter term may be construed as including the former.

HEALTH SERVICES

As already noted, the representations made to the Committee of last Session had indicated almost general agreement that the Province alone could not finance a health services plan of the nature and scope desired by the people of Saskatchewan. It followed, therefore, that any recommendation the Committee might

make in the matter, must essentially be consonant with the proposals under discussion at Ottawa.

Two methods of approach to the subject of extended health services were taken in the submissions made in 1943. Certain organizations advocated a system of State Medicine, by which was implied a non-contributory scheme financed from taxation by the State and more or less controlled by it, in which members of the medical profession would be civil servants, or quasi civil servants, inasmuch as their salaries would be paid by the State. Others again favoured Health Insurance, by which was meant a contributory scheme, the doctors being on a fee-for-service, panel-capitation, or salary basis, as the circumstances might determine, the costs to be met from a Health Insurance Fund created by personal contributions and such supplemental contributions as might be made by the Governments.

Federal assistance being a prerequisite to the adoption of an adequate scheme of health services in Saskatchewan, the Committee found its decision as between the two systems more or less determined for it. Thus it became no part of its task to state a preference for State Medicine or Health Insurance, nor, assuming that the terms are irreconcilable, to seek to effect some reconciliation between the viewpoints of proponents of the two systems.

The Committee had an opportunity to study the contents of the proposed Draft Bill. It also had the benefit of comment thereon by Hon. Dr. Uhrich, Minister of Public Health.

The Draft Bill foreshadows a National scheme of contributory health insurance.

In its decisions, therefore, the Committee sought to preserve uniformity with the Federal proposals. In any event, it took the view that resolution, or reconciliation, of conflicting viewpoints was of secondary importance to the provision of adequate health services for all the people of the province. As it happens, the conditions peculiar to Saskatchewan are likely to call for application of measures and methods savouring of both.

Operational costs of the scheme proposed in the Draft Bill at Ottawa are estimated at \$242,235,000 a year, for the whole of Canada (*See Appendix No. 2*). The operational cost of the scheme in Saskatchewan is estimated at \$18,874,000, annually. It is proposed, further, that the Dominion raise the required amount:

- (1) by an annual registration fee of \$12.00 payable by, or on behalf of, every person over 16 years of age;
- (2) by an income tax levy on the basis of taxable income, of
 - (a) 3% to a maximum payment of \$30.00 for single persons;
 - (b) 5% to a maximum payment of \$50.00 for married persons;

(3) by a contribution from the Dominion Government.

The contributory feature is confined to the annual registration fee of \$12.00, collection of which would be the responsibility of the participating provinces. The estimated annual revenue from this source is placed at \$94,480,000.

The Income Tax levy is expected to yield approximately \$50,000,000.

These two items, together with a contribution of \$100,000,000 from the consolidated fund of Canada would provide the annual fund to cover operational costs of the scheme throughout the Dominion.

Estimates given the Committee placed the number of persons over 16 years of age in Saskatchewan at approximately 600,000. Thus, at \$12.00 per capita, the province would be required to assume responsibility for the collection and remission of, roughly, \$7,200,000.

As previously stated, the annual operational cost of the proposed scheme in Saskatchewan is placed at \$18,874,000. Should the province institute a health insurance scheme based on the Ottawa proposals (if they are adopted), it would thereby qualify to receive assistance from the Dominion to the amount of \$11,757,000 annually.

The Committee desires to emphasize that adoption of these or similar proposals would impose a heavy burden upon the Government and people of Saskatchewan. Yet there is no gain saying that the people of the province, through the representative organizations which appeared before the 1943 Committee, expressed a strong desire for the institution of a province-wide scheme which would assure adequate health services for all. Nor can it be denied that there appears, throughout the submissions, clear evidence that the people are willing to pay a reasonable share of the costs of such a scheme.

Having reviewed the representations, and studied the proposals contained in the Draft Bill, the Committee is of the opinion that the people of Saskatchewan would be prepared to accept, and pay their fair share of the operational costs of, a scheme giving the universality of coverage and the wide range of benefits proposed in the Draft Bill (*See Appendix No. 1*). The Committee is encouraged in this view by the fact that the people are largely paying these costs now, and that the proposals mean, in effect, a redistribution of the costs of inclusive medical care and treatment.

A breakdown of the percentage distribution of the costs among the five principal items of medical care was prepared, last year, by the Dominion Bureau of Statistics on behalf of the Federal Advisory Committee on Health Insurance. While the figures relate to extensive surveys made in the United States between 1929 and

1941 (inclusive), it is noted that the Canadian figures on per capita costs maintain a very close relationship to the U.S. figures. For that reason, the following table may be of interest to the Assembly:

Table 3b.—PERCENTAGE OF EACH OF FIVE PRINCIPAL ITEMS OF COST OF MEDICAL CARE OF THEIR SUM IN THE UNITED STATES, 1929-41

Year	Physicians and Surgeons	Dentists	Nursing	Hospitals	Drugs and Appliances	Total
1929	38.84	18.37	5.33	12.12	25.34	100.00
1930	38.35	17.93	4.99	12.56	26.17	100.00
1931	38.46	17.13	4.10	13.56	26.75	100.00
1932	37.61	15.78	2.96	15.58	28.07	100.00
1933	38.30	15.51	2.66	15.51	28.02	100.00
1934	38.40	14.96	2.28	14.13	30.23	100.00
1935	40.57	14.72	2.40	14.72	27.59	100.00
1936	41.65	14.52	2.10	13.90	27.53	100.00
1937	41.72	14.35	2.43	13.92	27.58	100.00
1938	41.42	14.43	2.41	14.16	27.58	100.00
1939	40.21	14.21	2.26	14.16	29.16	100.00
1940	40.05	14.30	2.23	14.49	28.93	100.00
1941	38.62	14.55	2.17	13.95	30.71	100.00

As previously noted, the proposal is that from the Health Insurance Fund created in the manner indicated, assistance would be given the provinces to set up, each within its own jurisdiction, a system of health services providing all the benefits cited in the Draft Bill. The Committee believes these to be minimal benefits, the provision of which is one of the essential qualifications for provincial participation in the scheme.

The Committee is of opinion, further, that, as another essential qualification, the province must undertake to extend the services so that the benefits will be available to all residents, itself making good the contributions of those unable to pay in full or in part, including indigents. That is to say, the Province must assume responsibility for the annual contribution of approximately \$7,200,000, but can devise its own method of raising the money. The Provincial Government may, of itself, assume the whole cost of the scheme, raising the required revenues through additional taxation. On the other hand, it may collect the \$12 registration fee from every adult citizen over 16 years of age, making good the contributions of those able to pay part only, or nothing at all. It may, also, enlist the co-operation of the various municipalities of the province, many of which now provide medical and hospital care for their residents from local taxation. It may be that these municipalities may prefer to preserve their local autonomy by continuing to collect their present levies and, by paying the \$12 per capita fee for their eligible residents, thus "buy" as it were the services from the Administrative body. These are matters which were better left to the Provincial authority to determine or negotiate.

In view of the representations made, and the proposals contained in the Draft Bill, the Committee recommends:

"That the Assembly endorse the principle of Health Insurance for all the people of the province of Saskatchewan to provide:

- (1) for the prevention of disease and for the application of all necessary diagnostic and curative procedures and treatment, including all the benefits set forth in the Draft Bill now being considered by a Select Special Committee of the House of Commons, namely:**
 - (a) medical, surgical and obstetrical benefits;**
 - (b) dental benefit;**
 - (c) pharmaceutical benefit;**
 - (d) hospital benefit;**
 - (e) nursing benefit.**
- (2) Such special and technical procedures and ancillary services as may be prescribed and as may be deemed necessary to make effective the said benefits."**

The Committee realized that some time may elapse before the Federal scheme of Health Insurance is adopted and put into operation. It, therefore, gave consideration to steps which the province might take:

- (1) to prepare for the institution of a health insurance scheme so that advantage might be taken of Federal assistance immediately the necessary legislation becomes effective, and
- (2) to extend existing facilities and services so that adequate health services might be the more evenly distributed throughout Saskatchewan, and medical care and hospitalization made more equitably available to residents of the province.

As a preparatory measure to application of whatever scheme is evolved at Ottawa, the Committee recommends as follows:

"That, for the purpose of making the benefits and services enumerated in the Draft Bill available to all the people of Saskatchewan at the earliest possible moment after the necessary Federal legislation is enacted, the Assembly request the Government:

- (1) To set up a Commission to study the matter of subdividing the province into suitable health districts for administrative purposes with a view to utilizing available facilities to the best possible advantage, and**
- (2) to give early consideration to all steps necessary to expediate the institution in Saskatchewan of a province-wide health insurance scheme."**

With regard to the extension of existing facilities and services, the Committee was of the opinion that, should enactment of the proposed health insurance legislation at Ottawa be unduly delayed, consideration should be given to practical steps whereby medical and hospital schemes now operating in Saskatchewan might be extended to cover the populated area of the province. The Committee, in this regard, had in mind the following:

1. Municipal medical or hospital, or medical and hospital, schemes operating under provisions of The Rural Municipality Act and related statutes;
2. Municipal medical and hospital schemes operating under The Municipal Medical and Hospital Services Act;
3. "Co-operative" schemes operating under the provisions of The Mutual Medical and Hospital Benefit Associations Act, and
4. Schemes operating under The Benevolent Societies Act.

(See Appendix No. 6.)

In this connection, the Committee recommends to the Assembly,

"That, pending enactment of Federal legislation giving effect to a National Health Insurance plan, any Commission appointed to prepare for the institution of such National plan in Saskatchewan, be requested, as an interim step:

- (a) to give consideration to the extension of municipal medical and hospitalization schemes to those municipalities and local improvement districts which do not now have these services;
- (b) to collect all statistical data from those municipal units now operating medical or hospital, or medical and hospital, schemes with a view to making such schemes compulsory in all municipalities and local improvement districts of the province;
- (c) to give careful consideration to all medical health schemes now operating in the province with a view to their extension."

The Committee also devoted some attention to the shortage of doctors and nurses in the province, realizing that no scheme of adequate health services is possible without the qualified professional personnel to provide those services. With some 130 doctors on service with the Armed Forces, Saskatchewan (according to information given to the 1943 Committee) is now being served by less than 420 physicians, of which number: 12.5% are not in general practice, but serving in administrative and institutional positions; 30.5% are in the four cities of Regina, Saskatoon, Moose Jaw, and

Prince Albert, and 57% are located in the smaller cities, in towns, and villages of the province. *(See Appendix No. 7)*

The Committee was unanimously of opinion that all necessary steps should be taken to increase the supply of qualified professional personnel. With this object in view, it recommends:

"That the Assembly endorse the steps already taken towards the early establishment of a fully equipped medical college, as part of the University of Saskatchewan, and recommend to the Government that every possible assistance be offered to encourage students to attend."

SOCIAL SERVICES

The term "Social Security" is used in the Orders of Reference guiding the deliberations of the Committee. The term, however, covers a complex of subjects each with many facets and multiple ramifications. Broad schemes of Social Security have been suggested in the Beveridge Report in Great Britain, and in the Marsh Report in Canada, to provide coverage virtually from "cradle to grave."

The Committee has not attempted to frame a Social Security programme for Saskatchewan. It realizes that the Province, of itself, could not undertake the enormous expenditures an adequate programme would entail. It realizes, also, that, from its present sources of revenue, the Province cannot of itself proceed much farther or faster along the road to the ultimate goal envisaged in the reports to which reference has been made.

The Committee is of the opinion that the financing of Social Services is a matter, amongst others, for Dominion-Provincial discussion to the end that some re-allocations, redefinitions, and re-adjustments might be effected along lines suggested in the Rowell-Sirois report on Dominion-Provincial Relations.

The Committee believes, however, that ultimately the framework of a national scheme of Social Security will emerge from the deliberations of the Special Committee on Social Security at Ottawa. It, therefore, recommends:

"That the Assembly go on record as favouring a general scheme of Social Security on a National basis, and request the Provincial Government to make representations in that behalf to the Federal Government."

In considering the Social Security aspect of its assignment, the Committee dealt with particular Social Services to which

provincial attention might be given pending the development of the National scheme favoured in the recommendation.

In this report, the Committee proposes to follow the method adopted in its deliberations, and treat under separate headings each Social Service on which representations were made.

1. Old Age and Blind Persons' Pensions

The Committee noted with approval the increase in the pensions to the aged and the blind granted pursuant to the recommendations of the Select Special Committee of 1943. Nevertheless, it has agreed that a further increase is desirable.

Representations on the matter, besides being unanimously in favour of a higher basic pension rate, suggested some amelioration of the regulations respecting income and property.

A further suggestion was made that pensions for the blind should be removed from Old Age Pension legislation, and be administered under separate enactment. In this connection the Committee is of opinion that the number of blind persons eligible for pension, even with all age qualifications removed, is not sufficient to warrant the setting up of separate administrative machinery at this time.

By Order of the Assembly dated Monday, February 28, 1944, the following motion was referred to the Committee for its consideration:

"That this Assembly views with satisfaction the increase granted in old age and blind pensions but recommends:

- (1) That consideration be given the establishment of a contributory plan of superannuation to be payable regardless of the means test;
- (2) That, pending the establishment of such a contributory scheme, by agreement between the provinces and the Dominion, old age pensions be payable at the age of 65, except in the case of widows and unmarried women, for whom pensions should be payable at the age of 60;
- (3) That the age requirement for pensions for the blind be reduced to 21, and, in addition, \$10 per month be paid for each dependent child;
- (4) That the pension for old age and blind persons be increased to \$30.00 per month and the income allowance be increased to \$500.00 per annum;
- (5) That there be no recovery of pension payments from the estate of a pensioner of less than \$2,000 value; and in such cases that no caveat be registered against the land therein;
- (6) That pensioners be only charged with the actual income received from property and greater discretion be granted to administrative officers in interpreting regulations under the Act."

The Committee also had before it for consideration a recommendation contained in the report of the Inter-Sessional Committee, which reads as follows:

"That the Select Special Committee go on record as favouring the establishment of a Permanent Disability-Old Age Pension scheme, with a contributory feature, the pension to be effective, without means test, at age 60."

Thus two propositions, or sets of propositions, were placed before the Committee:

- (1) relating to a contributory old age pension, or superannuation scheme, payable regardless of means test, and including a disability benefit;
- (2) relating to certain changes in existing pension rates and regulations, pending the adoption of such contributory superannuation scheme.

The Committee agreed to accept the two references as the basis upon which to frame its recommendations in the matters involved. It could not agree, however, to accept the wording either of clause (1) of the Motion referred to it, or of the recommendation of the Inter-Sessional Committee. Nevertheless, it expressed itself as favouring the principle of contributory old age pensions or superannuation without means test, and also of pensions for the permanently disabled.

The Committee, therefore, recommends:

"That the Federal Government be requested to set up a Commission to inquire into, and establish, a contributory State-aided plan of superannuation, to be payable regardless of means test, and with a disability provision ancillary thereto."

The Committee then considered the alternative proposals suggesting changes in the existing regulations relating to pensions for the aged and the blind, pending development of the superannuation scheme referred to in the preceding recommendation.

In considering the Motion clause by clause, the Committee accepted, as the basis of its attack upon the question, the suggestion in clause (4) that, by agreement between the Provinces and the Dominion the basic pension rate should be raised from \$25.00 monthly to \$30.00 monthly, with a more generous allowance for other income.

That done, it assayed the proposal contained in clause (2) of the Motion, which reads:

"That, pending the establishment of such a contributory scheme, by agreement between the Provinces and the Dominion, old age pensions be payable at the age of 65, except in the case of widows and unmarried women, for whom pensions should be payable at the age of 60."

In considering these suggestions, the Committee had the benefit of an excellent brief prepared by Mr. J. S. White, Commissioner of Old Age Pensions. The amazing rapidity with which costs mount as age limits are reduced, as revealed in the brief, impelled the Committee to some caution in dealing with the problem. Against a present cost of \$4,000,000 with the pension age for men and women set at 70 years, and the basic monthly rate at \$25.00, here is the condition which would exist at various age limits at a basic monthly rate of \$30.00: *(See Appendix No. 5)*

Age limits	Estimated annual cost
70 years, for men and women	\$ 5,520,000.00
70 for men; 65 for women	6,960,000.00
65 for men and women	9,120,000.00
65 for men; 60 for women	11,280,000.00
60 for men and women	14,520,000.00

Having reviewed all the suggestions received in the light of the evidence thus adduced, the Committee has redrafted the Motion referred to it, and recommends as follows:

"That, pending the establishment of a contributory scheme of superannuation, the Assembly request the Government to urge upon the Federal and other Provincial Governments:

- (1) that the pension for old age and blind persons be increased to \$30.00 per month, and the income allowance be raised to \$500.00 per annum;**
- (2) that old age pensions be payable at age 70 in the case of men, and at age 65 in the case of women;**
- (3) that the age requirement for pensions for the blind be reduced to age 18, and, in addition, that \$10 per month be paid for each dependent child;**
- (4) that there be no recovery of pension payments from the estate of a pensioner of less than \$2,000 in value; and that, in such cases, no caveat be registered against the land therein except for the protection of the interests of the pensioner**
- (5) that pensioners be charged only with the actual income received from property, and that greater discretion be granted to administrative officers in interpreting regulations under the Act."**

2. Mothers' Allowances

The majority of the organizations which had made representations on the subject of Mothers' Allowances before the 1943 Committee, had urged an increase in the allowance, but had contended that the term was a misnomer, and that the proper designation of this service was "Children's Allowances." The women's organizations, particularly, were strong in their advocacy of an allowance to the mothers, or guardians, of the children receiving this aid, to ensure the maintenance of homes and the proper home atmosphere in each case.

In view of certain proposals now being considered by the Federal authorities, including the matter of Family Allowances, the Committee concluded that a change in the title of this service would serve no useful purpose at this time, but might well lead to some confusion. The Committee, however, while noting with approval the increase granted last year, pursuant to the recommendations of the Select Special Committee of 1943, is suggesting that another increase be made, and recommends as follows:

"That, pending enactment of Federal Legislation on Social Security, the Assembly request the Provincial Government to consider the advisability of increasing the Mothers' Allowance by adopting the following as the basic rates:

**\$15.00 for the first child;
15.00 for the second child;
5.00 for the third child, and
4.00 for each additional child."**

3. Family Allowances

The Committee approved the principle of the Family Allowance, and recommends as follows:

"That the Assembly endorse the principle of Family Allowances, and request the Provincial Government to urge the Federal Government to establish such a plan, the cost thereof to be borne by the Federal Government."

4. Maternity Grants

Certain representations were made to the 1943 Committee urging an increase in the Maternity Grant. The Committee was of opinion, however, that the need for such grants would largely disappear with a scheme of health insurance operating on a province-wide basis. It, therefore, recommends in this connection:

"That, pending enactment of Federal legislation inaugurating national schemes of Health Insurance and Social Security,

the Provincial Government continue payment of Maternity Grants."

5. Child and Public Welfare Generally

The Committee had before it for consideration a series of proposals relating to Child Welfare and Public Welfare generally, gleaned from the submissions and evidence of the several Welfare and Women's organizations which appeared before the 1943 Committee. Reference was also made to question of the treatment and rehabilitation of juvenile and adult offenders, which had been the subject of an informative brief presented by the John Howard Society of Saskatoon, and the Prisoners' Welfare Association of Regina.

The following are among the proposals made to which the Committee gave consideration:

1. That the Government create a Department of Welfare under a responsible Minister of the Crown, with qualified personnel at the head of all branches, and in the field.
2. That the Government institute a province-wide survey of Child Welfare services to determine present standards of child welfare service with respect to the care and training of dependent, neglected and delinquent children.
3. That a training home for delinquent girls should be established in Saskatchewan.
4. That vocational training be provided for the physically handicapped and the mentally defective.
5. That reorganization was needed in the juvenile courts, and in the probation system both adult and juvenile.
6. That, to meet the mental hygiene needs of the province,
 - psychiatric clinics should be established in the centres, with travelling psychiatric clinics serving throughout the province, and that Child Guidance clinics also should be considered.

In considering these several propositions, the Committee was given an outline of the programme submitted by Prof. S. R. Laycock, University of Saskatchewan, to the Saskatchewan Reconstruction Council, concerning "Certain Aspects of Mental Hygiene Services for the Province of Saskatchewan." In his brief, Prof. Laycock summarized those needs as follows:

1. Provincial Training School for Defectives.
2. Department of Special Education in the Department of Education for fostering special classes in Schools;

3. Training school for delinquent boys;
4. Training school for delinquent girls;
5. Psychiatrists or psychologists attached to Juvenile Courts;
6. Borstal Institution for young offenders;
7. Additional social workers in the Bureau of Child Protection;
8. Two child-guidance clinics for treatment of behaviour disorders;
9. Provincial director of Recreation.

The estimated cost of implementing the suggested programme is \$3,426,000.

The Committee felt that, inasmuch as Prof. Laycock's programme had been submitted to the Saskatchewan Reconstruction Council, and not directly referred to itself, the matter was one upon which it was no part of its duty to formulate a recommendation to the Assembly. However, it took cognizance of the proposals in its consideration of those more directly within its purview.

The Committee noted with approval the proposed creation of the new Department of Reconstruction, Labour and Public Welfare, and of the encouragement given members of the staff of the Bureau of Child Protection to qualify as social workers. Members also expressed a view favourable to the appointment of a trained psychiatrist or psychologist, for service in the schools of the province, particularly with a view to the early detection of incipient cases of juvenile delinquency.

The Committee also agreed that steps should be taken to secure some uniformity in dealing with cases brought into the juvenile courts, and, in this connection, endorsed a suggestion that police magistrates meet annually in conference to receive instruction in child welfare matters. The recreational feature of the Laycock programme also received approval.

On this general phase of its inquiry, the Committee is reluctant to attempt the development of a comprehensive Public Welfare programme. It realizes that the proposals submitted to it are largely included in the more ambitious programme presented by Prof. Laycock to the Saskatchewan Reconstruction Council. The Council, having at its disposal perhaps more detailed information, and more expert opinion to bring to bear upon the subject, may have recommendations to make later. The Committee is of opinion, therefore, that the matters herein dealt with might best be referred to the Minister in charge of the new Department of Reconstruction, Labour and Public Welfare, for consideration with any other proposals which might come to him from the Reconstruction Council.

The Committee recommends the following Motion to the consideration of the Assembly.

"That, in the opinion of this Assembly:

(1) the whole problem of juvenile delinquency, travelling psychiatric clinics, child-guidance clinics, and other measures which have been suggested, or may be taken, for the improvement of Social Welfare generally in the province, can best be dealt with by referring such suggestions and proposals as have been submitted to the Committee, to the Minister in charge of the new Department of Reconstruction, Labour and Public Welfare;

(2) in each community, the churches, schools, the medical health officer, and public-spirited citizens generally, should be organized to form local societies for the development and improvement of facilities of Children's Aid Societies, Social Welfare Workers' Associations, Playgrounds' Associations and other Associations, which Associations, together with such organizations as the Boy Scouts, Girl Guides, Y.M.C.A., Y.W.C.A., and other Social Agencies, might co-operate in the development of plans to provide a better social atmosphere in each community;

(3) Juvenile Court judges be called together in annual conference to discuss Child Welfare problems."

Then, as an "omnibus" recommendation, to provide for any matters contained in the submissions to which specific reference has not already been made, the Committee submits:

"That all matters relating to child welfare and public welfare generally, contained in the briefs and representations submitted to the 1943 Committee and to this Committee, be referred to the new Department of Reconstruction, Labour and Public Welfare, for consideration and appropriate action where deemed necessary and practicable."

WAYS AND MEANS OF MEETING COSTS

The last, but by no means the least important, of the items of the Order of Reference, is:

Item (3)—Means by which the costs of such services may be raised.

Many suggestions were made to the 1943 Committee respecting ways and means of financing the provincial share of the costs of an adequate programme of Health Services and Social Security.

The suggestions included: (a) Land Tax, e.g. present Public Revenue Tax; (b) Retail Sales Tax, with or without exemptions, e.g. present Education Tax; (c) Production Tax; (d) Processing Tax; (e) direct Personal Tax; (f) Income Tax; (g) a National

Resources Tax, on mining, lumber companies, etc., and (h) various combinations of two or more of the aforementioned taxes.

As already stated, the proposed Health Insurance plan will impose upon the Province the necessity of raising \$7,200,000 as the provincial contribution to the Health Insurance Fund, calculated on the basis of \$12.00 per capita with respect to the estimated 600,000 residents of the qualifying age of over 16 years..

In addition to that, certain proposals entailing increased expenditures are incorporated in the recommendations contained in this report. These are estimated to involve an annual expenditure of approximately \$1,300,000.

Thus the province will be faced, if these proposals are implemented, with the necessity of raising some \$8,500,000 additional revenues annually.

In considering the list of possible tax sources of new revenue enumerated above, the Committee had the guidance of the thought given to the subject by the Inter-Sessional Committee, and has three related suggestions to make in the matter.

In the first place, it has considered the question of new or additional taxation, and has a recommendation to make in that regard. In the second place, it has concluded that Saskatchewan, because of conditions and handicaps peculiar to it among Canadian provinces, is entitled to seek special financial assistance from the Federal authorities to enable it the better to meet commitments of a health insurance and social security programme.

In the third place, the Committee feels assured that costs could be substantially lowered if some arrangement were made with the Saskatchewan College of Physicians and Surgeons for a reduction in the Schedule of Fees authorized by that Body. The proposed health insurance plan provides for payment of doctors on a fee-for-service basis, amongst others. The Committee is of opinion, therefore, that, as payment of doctors' bills would be guaranteed under the proposed scheme, a substantial reduction in the schedule rates could readily be negotiated.

The Committee then, with respect to Item (3) of the Order of Reference, recommends as follows:

- "(1) That, for the financing of the Province's share of any Social Security-Health Insurance scheme inaugurated, the Government of Saskatchewan be requested to give consideration to the following:**
- (a) an increase in the Public Revenue Tax;**
 - (b) an increase in the Retail Sales (Education) Tax, particularly with respect to luxuries, and giving special attention to the matter of exemptions;**
 - (c) a Poll Tax.**

"(2) That the Government of Saskatchewan be urged to make representations to the Government of Canada for special assistance, over and above that provided by any Dominion legislation evolved, towards the establishment of a Social Security-Health Insurance scheme in the province, on account of:

- (a) the attention already given to, and the expenditures heretofore made in connection with, health and social services in the province;**
- (b) the problems peculiar to Saskatchewan, e.g. loss of population; distances, etc., and**
- (c) the many special circumstances affecting the province as referred to, and acknowledged by, the Royal Commission on Dominion-Provincial Relations.**

"(3) That, inasmuch as accounts of physicians and surgeons would be guaranteed under any scheme of health insurance set up, the Provincial Government be requested to ensure that the Commission appointed to administer the scheme take up with the College of Physicians and Surgeons of Saskatchewan the matter of a substantial reduction in the Schedule of Fees authorized by the said College."

CONCLUSION

Having completed its inquiry and reported on all matters contained in the Orders of Reference, your Committee feels that it must stress again the costs of expanding health and social services. These costs impose growing burdens upon government, and, through government, upon the people—burdens which can be borne the more cheerfully, the more they are compensated by additional and obvious benefits. It is because it has been continually aware of the benefits to be derived from the institution of broad and generous measures of social security and health services that the Committee has embodied in its recommendations proposals which, if implemented, must add considerably to the financial burden of government and people alike.

If it be accepted that all democratic doctrines consider the happiness and welfare of individuals to be the goal of the society they form, then the Committee feels that the proposals it has made, if put into effect, will be a step towards the attainment of that goal. If it be accepted also, that at the core of democratic doctrine lies the principle of self-help, then it follows that beside it lies the principle that society must intervene when, for any reason, self-help fails. Both principles have been accepted in the past, in Saskatchewan; both are in operation today. Both are implicit in the health insurance plan, as proposed; preparation for which is the chief recommendation of this report.

In conclusion, may it be said that the Committee, through two Sessions of the Assembly, has applied itself to the study of the subjects involved in the Orders of Reference. Throughout the deliberations, Members of the Committee have had constantly in view the welfare of the people whom it is their honour to serve. Ideological differences might have been interjected to disturb the serenity of the discussions, doctrinaire proposals might have been advanced to distract attention from the important matters under consideration; but Members throughout maintained commendable restraint, and wrought assiduously to make a worthwhile contribution to the future wellbeing of the province. They seek no reward other than recognition of their sincerity of purpose, and appreciation that their task, whether done well or ill, was accepted by them as a means by which to make articulate their desire to serve the province and people of Saskatchewan.

Your Committee feels that this report should not conclude without well merited recognition being given to the secretary, Mr. George Stephen, who has throughout discharged his duties in a most able, courteous and efficient manner.

Respectfully submitted,

B. D. Hogarth, K.C.,
Chairman.

Regina, March 30, 1944.

APPENDICES

APPENDIX No. 1.

Summary of Benefits under Proposed Federal Draft Bill

The following is an excerpt from the 1943 Report of the Federal Advisory Committee on Health Insurance in explanation of the Benefits proposed under the Draft Bill submitted to the Special Committee on Social Security of the House of Commons:

"The modern conception of health insurance is the reduction of morbidity and mortality by prevention and treatment. It was with this object that the Advisory Committee of Health Insurance prepared a combined draft Public Health and Health Insurance Bill.

"Subject to the provision of this Draft Bill, the Governor in Council may make an agreement with the Lieutenant-Governor in Council of any province to make grants for public health and medical care provided that the province makes statutory provision for utilizing both grants. The grants are specified in the First and Third Schedules to the Act.

"The Draft Bill is based on compulsory and contributory insurance.

"**Benefits.**—The benefits comprise prevention of disease and the application of all necessary diagnostic and curative procedures and treatments including medical, surgical, obstetrical, dental, pharmaceutical, hospital and nursing benefits and such other ancillary services as may be deemed necessary. Provision is not made for cash benefit due to unemployment caused by illness as it is considered that such benefit should be provided by Unemployment Insurance or by other means.

"Medical benefits include the services of a general practitioner, consultant, specialist, surgeon, obstetrician, hospitalization and nurse. Nursing in the home is confined to the visiting nurse except where the circumstances are such that bedside nursing is essential.

"Dental benefit must of necessity be restricted as the number of dentists in Canada is insufficient to provide full and complete dental care for all. It is proposed that the Provincial Dental Association make an arrangement with the Provincial Health Insurance Commission to provide every child up to sixteen years of age with a semi-annual dental examination and such reparative dentistry as is needed. Dental care may be provided others to the extent that the funds and the number of available dentists will permit.

"Pharmaceutical benefit shall be provided in accordance with a list of drugs to be drawn up in co-operation with the Provincial Health Insurance Commission and the Provincial Pharmaceutical Association. Special provision may be made respecting drugs and pharmaceutical preparations known as specialties.

"Hospital benefit is to include general ward services unless the insured person wishes by paying the difference to obtain semi-private or private room. In special cases accommodation other than general ward may be

provided. The terms of agreement for hospitalization will be arranged by the Provincial Health Insurance Commission with the Provincial Hospital Association.

"Nursing benefit, outlined above, will be provided by the Provincial Health Insurance Commission in co-operation with the Provincial Nursing Association.

GRANTS

"Health Insurance Grant.—To assist the provinces in providing health insurance benefits as outlined above.

"Tuberculosis Grant.—This grant is designed to help provide free treatment for all persons suffering from tuberculosis including the provision of additional buildings and bed accommodation. The reduction of mortality in those provinces which provide free treatment indicates that the provision of free treatment is an essential to the elimination of tuberculosis.

"Mental Disease Grant.—To assist in the provision of free treatment for those suffering from mental illness including the provision of additional buildings and bed accommodation. In this field Dominion assistance is urgently needed.

"General Public Health Grant.—The object of this grant as laid down in the Third Schedule to the Draft Bill is to assist the provinces in establishing and maintaining public health services commensurate with the needs of their people. The same problem has confronted the United States and has been solved by the provision of funds to raise the per capita expenditure on public health. It is proposed that the Dominion should make a per capita public health grant to the people of Canada. The justification is the responsibility of the Dominion for public health problems that are national in character.

"Venereal Disease Grant.—To aid in providing preventive and free treatment for persons suffering from venereal diseases on the same basis as the original Dominion venereal disease grant of \$200,000 which was discontinued in 1932.

"Grant for Professional Training.—As the name implies, this grant is to afford financial assistance to doctors, sanitary engineers and others who wish to take university courses leading to degrees in public health.

"Investigational Grant.—To enable the provinces to carry out special public health studies, funds are needed. It has been found impossible to carry out studies in public health and to provide skilled personnel during epidemics because of lack of funds.

"Physical Fitness Grant.—In view of the facts elicited in regard to physical defects among the youth of Canada, the creation of a physical fitness plan to prevent physical defects is considered essential."

APPENDIX No. 2.

Operational Costs of Proposed Federal Scheme

As stated elsewhere in the Report, the operational costs of the scheme proposed in the Draft Bill at Ottawa are estimated at \$242,235,000 a year, the operational cost in Saskatchewan being placed at \$18,874,000 annually.

The basis on which operational costs were computed is contained in the table given below, which is taken from the publication of the Dominion Bureau of Statistics entitled "Tentative Provincial Distribution of the Cost of Health Insurance," and issued in 1943 by the Federal Advisory Committee on Health Insurance.

It is to be noted that, in estimating operational costs of the Health Insurance scheme proposed in the Draft Bill, 1938 was taken as the base year, and total operational costs were assumed at a basic rate of \$21.60 per capita. The following excerpt from the publication may be of interest:

"In 1935, the Dominion Bureau of Statistics made a careful estimate of the costs of medical care in Canada based on the census year of 1931. The result was \$24.69 per capita, but two important items should be excluded from that estimate, namely, General Public Health Expenditures and Grants to, and Maintenance of, special classes of hospitals, which amounted to more than \$30,000,000. The per capita rate would consequently be reduced to about \$21.60, which was used as the basic rate in our estimates of cost."

PER CAPITA COST OF MEDICAL CARE IN UNITED STATES AND CANADA, 1929-1941

Year	UNITED STATES			CANADA		
	Cost of Medical Care, all Items	Popu- lation	Per Capita	Cost of Medical Care	Popu- lation	Per Capita
	\$000,000	000	\$	\$000,000	000	\$
	(a)	(b)	(c)	(d)	(e)	(f)
1929	3,124.0	121,526	25.70	253.1	10,029	25.24
1930	3,082.1	123,077	25.04	251.1	10,208	24.60
1931	2,717.8	124,039	21.91	223.3	10,376	21.52
1932	2,236.1	124,840	17.92	184.9	10,506	17.60
1933	2,089.2	125,578	16.64	174.5	10,681	16.34
1934	2,331.9	126,373	18.45	196.1	10,824	18.12
1935	2,418.4	127,249	19.00	204.0	10,935	18.66
1936	2,678.1	128,052	20.91	226.5	11,028	20.54
1937	2,868.3	128,823	22.26	243.1	11,120	21.86
1938	2,855.0	129,823	21.99	242.1	11,209	21.60
1939	3,084.5	130,878	23.57	261.9	11,315	23.15
1940	3,299.4	131,954	25.00	280.5	11,422	24.56
1941	3,723.2	133,039	27.98	316.2	11,506	27.48

Column (a)—Obtained by adding cost of medical supplies, drugs and appliances as given in April, 1942, number of "Survey of Current Business", and cost of medical care, disregarding funeral and burial services, cemeteries and crematories, as reported in the "Survey of Current Business," October, 1942.

Column (f)—Per capita operational cost in 1938, as indicated, was taken as \$21.60 conforming to a study of costs prepared, in 1935, by the Dominion Bureau of Statistics as of census period 1930-31. Other years were determined by the per capita trend in the United States.

Column (d)—is the product of population by the per capita rate (e x f).

Constitutional Aspects of Dominion-Provincial Arrangements

Summary of submission regarding the Constitutional situation made by the Department of the Attorney General in Part I of Brief to the Select Special Committee on Social Welfare and Health Services (1943):

1. The financial powers and duties of municipalities are such as the province chooses to confer on them.

2. Generally speaking the province has exclusive jurisdiction and responsibility over and for all the matters enumerated in paragraph 1 of the Agenda * with the exception of Unemployment Insurance subject to the limited jurisdiction of the Dominion over certain groups, such as Indians, Militia and Defence, and certain phases of public health.

3. By analogy with the decisions of the Supreme Court of Canada and the Privy Council on the Reference in 1936 re the Dominion Employment and Social Insurance Act, 1935, all the social matters embraced in this Reference with the exception of unemployment insurance would appear to be in the same category as unemployment and social insurance and to come within the classes of "property and civil rights" under Section 92 of the British North America Act, head (13) or "matters of a merely local or private nature" under head (16), and to be within the exclusive competence of the provincial Legislature.

4. Powers over health generally are vested in the province. The only subjects reserved to the Dominion are quarantine and the maintenance of Marine Hospitals. Dominion jurisdiction over health matters is largely, if not wholly, ancillary to express jurisdiction over other subjects, such as immigration; navigation and shipping; the regulation of trade and commerce; Indians; railways, steamships and public works under Dominion jurisdiction; militia and defence.

5. Prior to the amendment of the B.N.A. Act in 1942 by the Imperial Parliament whereby the Dominion, at its request, was given exclusive jurisdiction over Unemployment Insurance, insurance of all sorts, including insurance against unemployment and health insurance, had always been recognized as being an exclusively provincial matter under the head "property and civil rights" or under the head "matters of a merely local or private nature in the province."

6. Old Age Pensions in particular are within the exclusive competence of the provincial Legislature.

* Paragraph 1 of the original (1943) Agenda contained the following items:

- (a) Health: (1) State Medicine (financed by the State).
(2) Insurance (contributory).
- (b) Hospitalization, including Mental Hospitals
- (c) Old Age and Blind Persons' Pensions.
- (d) Mothers' Allowances.
- (e) Maternity Grants.
- (f) Unemployment: (i) Through lack of opportunity or failure to obtain work;
(ii) Through illness;
(iii) Permanent incapacity (unemployable).
- (g) Social Welfare generally.

7. Poor relief and medical aid have been the traditional responsibility of the provinces.

8. Primarily responsibility for the subject of relief, relief of persons in circumstances in which the aid of the State is required to supplement private charity in order to provide the necessities of life, rests upon the provinces, the direct intervention of the Dominion in such matters being exceedingly difficult by reason of constitutional restrictions.

9. Responsibility of the State for the care of people in distress, including neglected children and deserted wives, and for the proper education and training of youth rests upon the province.

10. The public responsibility for the maintenance of illegitimate children and deserted wives and children rests exclusively with the provinces, and it is for the provincial Legislatures, and for them alone, to say how the incidence of that responsibility shall be borne.

11. Co-operation. The possibility of framing any contributory social insurance scheme of nation wide extent, other than one dealing with unemployment insurance, which could be validly enacted by the Dominion, is open to the gravest doubt.

12. In 1937 the Privy Council intimated that unless and until a change is made in the respective legislative functions of Dominion and province it might well be that satisfactory results for both could only be obtained by co-operation, but pointed out that the legislation would have to be carefully framed, and would not be achieved by either party leaving its own sphere and encroaching upon that of the other.

13. The Dominion Parliament when legislating on a subject over which it has jurisdiction may by reference adopt provincial laws, but provincial legislation cannot give validity to ultra vires Dominion legislation. The provincial Legislature cannot delegate its powers to the Dominion Parliament.

14. Delegation of legislative power by the province to the Dominion and vice versa which would make possible a unified authority without any drastic amendments of the constitution increasing the power of the Dominion is of doubtful constitutionality.

15. In the absence of a power to delegate legislative authority and control to a single government the only alternative where comprehensive regulation seems desirable is a scheme of joint Dominion and provincial legislation and administration.

16. The constitutional difficulties experienced in connection with delegated legislation can be escaped by adopting the joint administration device which requires that the province shall enact legislation in substantially identical terms with that of the Dominion but covering intra-provincial as distinct from inter-provincial and export transactions. To be specific, in legislation providing for the compulsory grading of natural products, the province can enact the Dominion grades and regulations for enforcement and then appoint the Dominion graders and inspectors as provincial officials to enforce the provincial as well as federal legislation.

17. The validity of the present arrangement regarding Old Age Pensions between the Dominion and the provinces appears highly dubious in the light of what was said by the Privy Council in the judgment on the Employment and Social Insurance Act in 1937, and particularly the following statement: "But assuming that the Dominion has collected by means of taxation a fund, it by no means follows that any legislation which disposes of it is necessarily within Dominion competence."

Social Welfare Legislation of Saskatchewan

Excerpt from the First Report (1943) of the Select Special Committee on Social Security and Health Services, presented to the Assembly, April 12, 1943:

"That Saskatchewan's social legislation, its provisions for the health of its people, its contributions towards pensions for the aged and the blind, and in the form of Mothers' Allowances, compared favourably with those of other provinces of the Dominion, appeared to be established as the inquiry progressed, on the basis of figures available.

"Your Committee finds that there are now on the statute books of the Province the following Acts relating to, and under which, social services are rendered to the people of Saskatchewan:

"1. Health and Hospitalization.

The Department of Public Health Act, ch. 26.
The Public Health Act, ch. 264.
The Tuberculosis Sanatoria and Hospitals Act, ch. 316.
The Saskatchewan Cancer Commission Act, ch. 265.
The Venereal Diseases Act, ch. 266.
The Mental Hygiene Act, ch. 238.
The Hospitals Act, ch. 314.
The Union Hospitals Act, ch. 315.
The Municipal Medical and Hospital Services Act, ch. 161.
The City Act, ch. 126.
The Town Act, ch. 127.
The Village Act, ch. 128.
The Rural Municipalities Act, ch. 129.
The Local Improvement Districts Act, ch. 130.
The Mutual Medical and Hospital Benefit Associations Act, ch. 124.
The Department of Pensions and National Health Act (Dominion), 1928, ch. 39.

"2. Old Age and Blind Persons' Pensions.

The Old Age and Blind Persons' Pensions Act, ch. 276.
Old Age Pensions Act (Canada) 1927, ch. 156.

"3. Mothers' Allowances.

The Child Welfare Act, ch. 278, section 92.

"4. Maternity Grants.

Order in Council No. 765/20 under section 7 of The Public Health Act, ch. 264.

"5. Unemployment.

The Relief Act, ch. 157.
The Direct Relief Act, ch. 158.
The Local Improvement District Relief Act, ch. 160.
The Workmen's Compensation (Accident Fund) Act, ch. 303.
The Unemployment Insurance Act (Dominion) 1940, ch. 44.

"6. Social Welfare Generally.

The Child Welfare Act, ch. 278.
The Deserted Wives' and Children's Maintenance Act, ch. 234.
The Parents' Maintenance Act, ch. 237.

"7. Labour and Public Welfare Generally.

The Bureau of Labour and Public Welfare Act, ch. 31.
The Housing Act, ch. 162.
The Free Text Book Act, ch. 170.
The Education of Soldiers' Dependent Children Act, ch. 172.
The Education of Blind and Deaf Children Act, ch. 173.
The Education of Blind and Deaf Persons Act, ch. 174.
The Married Women's Property Act, ch. 233.
The Infants Act, ch. 235.

The Lunacy Act, ch. 239.
 The Administrator of Estates of the Mentally Incompetent Act, ch. 240.
 The Factories Act, ch. 267.
 The Trades Schools Regulation Act, ch. 268.
 The Steam Boilers Act, ch. 269.
 The Coal Miners' Safety and Welfare Act, ch. 270.
 The Mines Regulation Act, ch. 271.
 The Egress from Public Buildings Act, ch. 272.
 The Building Trades Protection Act, ch. 273.
 The Theatres and Cinematographs Act, ch. 274.
 The Masters and Servants Act, ch. 294.
 The Coal Mining Industry Act, ch. 295. -
 The Workmen's Compensation Act, ch. 302.
 The Industrial Disputes Act, ch. 304.
 The Industrial Standards Act, ch. 305.
 The One Day's Rest in Seven Act, ch. 306.
 The Weekly Half-holiday Act, ch. 307.
 The Employment Agencies Act, ch. 308.
 The Female Employment Act, ch. 309.
 The Minimum Wage Act, ch. 310.
 The Workmen's Wage Act, ch. 311.
 The Freedom of Trade Union Association Act, ch. 312.
 The Industrial School Act, ch. 318.
 The Volunteers' and Reservists' Relief Act, 1942, ch. 73 of 1942.
 The Fire Departments Two-Platoon Act, ch. 152.

(NOTE—To these should be added enactments of the 1944 Session of the Legislature, as follows:

The Cancer Control Act, 1944—free diagnosis and treatment;
 The Physical Fitness Act, 1944;
 The Saskatchewan Health Insurance Act, 1944;
 The Apprenticeship Act, 1944;
 The Labour Relations Act, 1944;
 The Department of Reconstruction, Labour and Public Welfare Act, 1944.)

"Your Committee also finds that the Government of Saskatchewan expended, in the 1941-42 fiscal year, the sum of \$9,990,693.81 (*see accompanying statement*) for social services to the people of the Province, of which amount \$2,781,168.03 was reimbursed by the Dominion Government and other provinces. The net cost to the Province of such social services in 1941-42 was \$7,209,525.78. In addition to this amount, the Government expended \$4,953,200.62 for educational purposes.

"Your Committee finds, further, that the Government of Saskatchewan has contributed and is contributing more generously to social welfare matters, both in the form of legislation and of money, than either of the neighbouring provinces wherein economic conditions during the past few years have been similar to conditions in the Province of Saskatchewan.

Without enumerating all the matters concerning which a comparison favourable to Saskatchewan might be made, your Committee points to the following statement prepared for the Dominion Government on the occasion of the Dominion-Provincial Conference of 1941:

Saskatchewan—(Thousands of Dollars)

Fiscal year	Relief	Old Age Pensions	Others	Total
1938-39	12,573	770	3,066	16,409
1939-40	5,013	823	3,031	8,867
1940-41	4,490	929	3,031	8,450
Manitoba—				
1938-39	2,679	731	2,544	5,954
1939-40	2,564	760	2,829	5,953
1940-41	1,900	796	2,676	5,372
Alberta—				
1938-39	1,397	477	2,561	4,435
1939-40	1,774	481	2,672	4,927
1940-41	1,200	523	2,994	4,717

"Your Committee further finds that in the Province of Manitoba 12½% of the cost of old age pensions is a levy upon the municipalities of that province, and in the Province of Alberta 10% of the cost of old age pensions is paid by the municipalities, whereas in the Province of Saskatchewan the entire cost of old age pensions is paid out of the Consolidated Revenue Fund of the Province, and no contribution whatever is received from municipalities towards the cost of old age pensions."

TREASURY DEPARTMENT

STATEMENT OF EXPENDITURE ON PUBLIC WELFARE FOR THE FISCAL YEAR 1941-42

DESCRIPTION	Amount
1. Public Health	
(a) Boards of Health, Salaries, Inspection	\$ 6,503.63
(b) Clinics (Cancer and Special Medical Health Services)	63,383.25
(c) Research Work (Bacteriological Laboratory)	26,273.91
(d) Communicable Disease Control:	
Treatment of Venereal Diseases	\$ 20,382.02
Public Health Nursing, Sanitation and Disease Prevention	85,560.40
	105,952.42
(e) Distribution of Antitoxin, Vaccines, etc.	26,018.85
2. Public Institutions	
(a) Mental Institutions:	
Public Works	\$ 885,442.26
Public Health (Psychopathic Hospital)	5,077.60
Public Health (Mental Hospital, Battleford)	279,422.42
Public Health (Mental Hospital, Weyburn)	328,808.88
Public Health (Committal and Transportation of Insane)	23,294.17
	1,522,045.33
(b) T.B. Sanatoria	292,197.00
(c) Reformatories—Public Works (Boys' Industrial School)	15,398.10
(d) Orphanage, Children's Homes (Grants)	1,500.00
(e) Homes for Incurables, Aged and Infirm	45,729.92
(f) Salvation Army, etc.	22,400.00
3. Grants to Hospitals	
Hospitals	\$ 429,838.00
Grants to Red Cross Hospitals	10,531.50
	440,369.50
4. Child Welfare and Maternal Assistance	
Public Health (Maternity Grants)	\$ 23,339.00
Attorney General (Administration of Infants' Estates)	7,116.13
Child Protection (Child Welfare Act)	110,918.04
Evacuee Children	4,120.20
	145,493.37
5. Old Age Pensions (Gross)	
Includes Administration of Blind Pensions	2,898,228.61
6. Blind Pensions (Gross)	77,207.84
7. Mothers' Allowances	455,357.67
8. Relief of Destitutes	12,081.77
9. Labour	
(a) Employment Bureau (Immigration and Employment)	22,356.08
(b) Inspection of Factories, Boilers, etc.	15,358.80
(c) Administration of Labour Laws	12,720.53

(d) Relief:

Treasury Advances to Relief Account	\$2,370,000.00	
Implementing of Guarantees	97,778.83	
Northern Areas Branch—Salaries—Permanent Staff	34,335.61	
Direct Relief Branch—Salaries—Permanent Staff	34,278.99	
		3,036,393.43

AS SHOWN IN 1943 BUDGET SPEECH \$9,245,969.98

Debt Charges

Mental Hospitals	\$ 294,465.90	
Home for Infirm	9,945.68	
Sanatoria	137,906.91	
Industrial School	1,627.49	
Cancer Commission	6,615.62	

450,561.60

Construction of Buildings—(Mental Hospitals)—Charged to Revenue Account 294,162.23

Gross Expenditure \$9,990,693.81

Re-imbursed by Dominion Government and others .. \$2,781,168.03

Net Cost to Province \$7,209,525.78

APPENDIX No. 5.

**Estimated Cost of Old Age and Blind Persons' Pensions
as Age of Eligibility is Reduced**

Submission to the Select Special Committee on Social Security and Health Services (1944) by Mr. J. S. White, Commissioner of Old Age Pensions:

1. The Census enumeration of 1941 shows the following:
 - (a) Approximately 26,000 people 70 years of age or over.
 - (b) Approximately 20,000 people in the age group 65 to 69 years.
 - (c) Approximately 12,000 men in the age group 65 to 69 years.
 - (d) Approximately 8,000 women in the age group 65 to 69 years.
 - (e) Approximately 12,000 women in the age group 60 to 64 years.
 - (f) Approximately 30,000 men and women in the age group 60 to 64 years.
2. At the present time we are paying Old Age Pensions to approximately 12,800 people living in Saskatchewan who are 70 years of age or over, representing approximately 50% of the total population in that age group.
3. The annual cost of paying these pensions is now approximately \$4,000,000 based on a maximum pension of \$25.00 per month.
4. There are many people who are at present 70 years of age or over, who are not eligible for a pension for various reasons and who, when the war is over, will undoubtedly qualify. Presuming that there would be a net increase of 2,000 pensions during the first year after the war ends, it would cost an additional \$600,000.00 a year to pay those pensions at \$25.00 a month each.
5. Included in the \$4,000,000.00 now being spent annually is an item of \$175,000.00 being paid, each year, by the Province of Saskatchewan as the Province's share of pensions being paid to people living in other Provinces. If the age limit is reduced that figure would no doubt be

doubled, and the increased cost in this respect would be about \$175,000.00 a year.

6. Pension \$25.00, Age Limit 70 for Men and 65 for Women:

If the age limit were left at 70 for men and were reduced to 65 for women, and presuming that 50%, or 4,000, of the women in the age group 65 to 69 qualified for a pension, it would cost \$1,200,000.00 annually to pay pensions to those women at \$25.00 per month in addition to the present cost. The total estimated annual cost would be as follows, at \$25.00 per month:

Present cost	\$4,000,000.00
Estimated 2,000 new pensions after the war at \$25 per month	600,000.00
Estimated increase in payments to other Provinces	175,000.00
Estimated cost of paying pensions to 50% of the women in the age group 65 to 69 at \$25.00 a month	1,200,000.00

Total estimated annual cost of pensions at \$25.00 per month if the age limit for men remains at 70 and the age limit for women is reduced to 65

\$5,975,000.00

Plus—estimated cost of increasing pensions now in effect when income allowance is raised to \$425.00 per annum

240,000.00

GRAND TOTAL \$6,215,000.00

7. Pension \$25.00 — Age Limit 65 for Both Men and Women:

If the age limit were reduced to 65 for both men and women and approximately 50%, or 10,000, of those men and women in the age group 65 to 69 were qualified to receive the pension, it would cost \$3,000,000.00 a year to pay them each a pension of \$25.00 a month, in addition to the present cost. The total cost would be \$8,015,000.00.

8. Pension \$25.00 — Age Limit 65 for Men and 60 for Women:

If the age limit were reduced to 65 for men and 60 for women the additional cost at \$25.00 per month would be \$1,800,000.00, and the total cost would be \$9,815,000.00.

9. Pension \$25.00 — Age Limit 60 for Both Men and Women:

If the age limit were reduced to 60 for both men and women and 50% of the people, or 25,000, in the age group 60 to 69 years were qualified for a pension, it would cost \$7,500,000.00 to pay pensions to them in addition to the present cost. The total estimated annual cost at \$25.00 per month would be \$12,515,000.00.

10. Pension \$30.00 Per Month — Age Limit 70:

If the age limit were left at 70 for both men and women, but the pension increased to \$30.00 per month, the annual cost of pensions would be as follows:

Present cost (\$25.00 per month)	\$4,000,000.00
Estimated increase 1/5 of present cost	800,000.00

Total estimated annual cost of pensions at \$30.00 per month if age limit remains at 70

\$4,800,000.00

Plus—estimated 2,000 new pensions in first year after the war at \$30.00 per month

720,000.00

GRAND TOTAL \$5,520,000.00

11. Pension \$30.00 — Age Limit 70 for Men and 65 for Women:

If the age limit were left at 70 for men, but reduced to 65 for women, and assuming that 50% of the women in the age group 65 to 69, or 4,000,

would qualify, the approximate additional cost at \$30.00 a month would be \$1,440,000.00, and the total cost \$6,960,000.00.

12. Pension \$30.00 — Age Limit 65 for Men and Women:

If the age limit were reduced to 65 for both men and women, and assuming that 50% of those in the age group 65 to 69, or 10,000, would qualify, the approximate additional annual cost at \$30.00 a month would be \$3,600,000.00 and the total cost would be \$9,120,000.00.

13. Pension \$30.00 — Age Limit 65 for Men and 60 for Women:

If the age limit were reduced to 65 for men and 60 for women, and assuming that 50% of the men in the age group 65 to 69, and 50% of the women in the age group 60 to 69, (or 6,000 men and 10,000 women) would qualify, the approximate additional annual cost at \$30.00 a month would be \$2,160,000.00, and the total cost \$11,280,000.00.

14. Pension \$30.00 — Age Limit 60 for Both Men and Women:

If the age limit were reduced to 60 for both men and women, and assuming that 50% of the people in the age group 60 to 69, or 25,000, people would qualify, the approximate annual cost at \$30.00 per month would be \$14,520,000.00.

15. There are approximately 46,000 people 65 years of age or over.

At \$30.00 a month it would cost \$16,560,000.00 per annum to pay pensions to them.

16. The Sirois Report, based on a pension of \$20.00 per month at the age 70, states that the point of saturation with respect to Old Age Pensions will not be reached until 1971. The Report (Page 32, Book II, Recommendations) also points out that:

- (a) for the year ending March 31st, 1938, the cost of pensions in Canada was over \$38 millions,
- (b) the estimated cost in 1941 would be \$46 millions,
- (c) the estimated cost in 1951 would be \$62 millions,
- (d) the estimated cost in 1961 would be \$82 millions,
- (e) and the estimated cost in 1971 would be \$92 millions or nearly two and one-half times the 1938 expenditure.

(NOTE: The years 1951, 1961 and 1971 are those in which census enumerations will be taken, and the census enumeration of 1941 had not been made at the time the report was prepared.)

17. Prior to the increase in the maximum pension from \$20.00 to \$25.00 per month, last year, the annual expenditure for pensions in Canada was approximately the same as the 1938 expenditure, namely \$38 millions. This was less than the estimate in the Sirois Report, but may be attributed to a temporary condition brought on by the war. Therefore, if we may expect the expenditure in 1971 to be nearly two and one-half times the 1938 expenditure, it may be presumed that, by 1971, the total cost of pensions in Saskatchewan would be nearly two and one-half times the present expenditure of \$4,000,000.00 per annum (age 70, pension \$25.00 per month, income \$365.00 per year) or approximately \$10,000,000.00 per annum.

18. Should the age limit for both men and women be reduced to 65, based on a pension of \$25.00 per month, annual income of \$365.00, and based on the estimates in the Sirois Report, and assuming that 50% of those in the age group 65 to 69 were eligible, the annual cost of pensions in Saskatchewan would be as follows:

Present cost	\$4,000,000.00
Estimated increase in payments to other Provinces	175,000.00

Estimated cost of paying pensions to 50% of men and women in age group 65 to 69 at \$25.00 per month	3,000,000.00
Estimated annual cost of pensions if age limit reduced at present	\$7,175,000.00
Estimated cost by 1971	\$17,937,500.00

19. Should the age limit be reduced to 65 for both men and women, the pension raised to \$30.00 per month, the income allowance \$365.00 per annum, 50% of those in the age group 65 to 69 being eligible and based on the estimates in the Sirois Report the estimated cost of pensions in Saskatchewan by 1971 would be \$21,000,000.00.
20. Should the age limit be reduced to 65 for men and 60 for women, the pension remain at \$25.00 per month, the income allowance remain at \$365.00 per year, and should 50% of the men in the age group 65 to 69 and 50% of the women in the age group 60 to 69 be eligible, the estimated cost of pensions by 1971 would be \$22,437,500.00.
21. Should the age limit be reduced to 65 for men and 60 for women, the pension increased to \$30.00 per month, and should 50% of the men in the age group 65 to 69, and 50% of the women in the age group 60 to 69 be eligible, the estimated cost of pensions by 1971 would be \$26,400,000.00.

22. BLIND:

There are at present about 730 blind people in the Province who are registered with the Canadian National Institute for the Blind.

We have no information respecting their ages, nor have we statistics respecting their dependent children.

To pay pensions to all blind people on record would cost approximately \$220,000.00 a year, at \$25.00 a month, or \$264,000.00 a year at \$30.00 a month.

The estimated expenditure for the fiscal year 1944-45 is \$105,000.00 which would provide for pensions to 340 blind people at a maximum of \$25.00 per month.

APPENDIX No. 6.

Department of Public Health

Excerpts from Brief of Dr. R. O. Davison, Deputy Minister re Departmental and Municipal Health Activities

March 26, 1943.

The Department of Public Health administers and supervises the operation of the following legislative enactments:

Public Health Act
Hospitals Act
Union Hospital Act
Tuberculosis Sanatoria and Hospitals Act
Venereal Diseases Act
Vital Statistics Act

Marriage Act
 Mental Hygiene Act
 Anatomy Act
 Municipal Medical and Hospital Services Act
 Mutual Medical and Hospital Benefit Associations Act
 Cancer Commission Act

In addition, all municipal bylaws for medical, surgical and hospital services, as well as agreements entered into for those services under the provisions of the municipal Acts, are subject to the approval and control of the Health Services Board, a body created under the provisions of The Public Health Act.

In providing services under the above legislation, the Department expended:

In 1941-42	\$1,705,690.77
In 1942-43	\$1,753,504.09

Vital Statistics:

It has been said that the recording of vital statistics is the bookkeeping of human life. The Department is thereby provided with definite information upon the mortality trends from disease, and with records of births, marriages and deaths of our population.

For the information of the Committee, I am submitting a few short tables on comparative mortality rates of the provinces and the Dominion. It will be noted that, in 1941, Saskatchewan still had the lowest general death rate—7.2 per 100,000 population—as compared with the national rate of 10 per 100,000 population.

Our maternal and infant mortality rates for 1941 compare very favourably with other provinces of the Dominion. Saskatchewan, Alberta, and Manitoba had a death rate of 3.1 per 1,000 births, occupying third place in the maternal death rate, as compared with the Dominion rate of 3.5. Similarly with the infant mortality rate, Saskatchewan, along with Alberta, occupied third place with a rate of 51 as compared with the Dominion rate of 60.

With respect to deaths from certain specified diseases, this province holds a very satisfactory position, showing a very low rate in all of these causes of death in comparison with the other provinces.

When we compare the rates for illegitimate and stillbirths, this province also holds a very satisfactory position, being second lowest in both cases—3.4 for illegitimate births, and 1.9 for stillbirths.

Maternity Cases and Births:

There were 10,449 maternity cases cared for in hospitals this year (1941) compared with 10,139 in 1940, or an increase of 310.

Maternity cases comprised 13.4% of all admissions to hospitals.

There were 10,325 living births in hospital . . . an increase of 347 over 1940.

It is interesting to note that of the 18,597 births in Saskatchewan last year, 10,325 were born in Government-aided hospitals, or 55.5% of the total births. This had risen to 61.2% in 1942.

The following figures indicate the gradual increase in the percentage of births in hospitals:

1932—27.2% of all births
 1934—31.1% of all births
 1936—36.6% of all births
 1938—45.5% of all births
 1940—51.8% of all births
 1941—55.5% of all births
 1942—61.2% of all births

There were 24 maternal deaths, or 2.3 deaths per 1,000 confinements in hospitals, compared with 29 deaths, last year, or a death rate of 2.8.

There were 237 newborn deaths in hospitals, in 1942, which represents a death rate of 21.2 per 1,000 living births, compared with 26.4 for 1941.

Maternity Grants:

In 1934 the Government re-established the Maternity Grant, and since that time has expended a total of \$324,744.90. The Department has endeavoured to make this grant truly preventive in its application, demanding at least one pre-natal examination, and, where necessary, to assist in providing hospitalization. A total of 30,784 grants have been authorized, and the maternal death rate amongst those receiving the grant appears to have justified the adoption of compulsory pre-natal care. An analysis of the maternal deaths for the years 1940 and 1941 indicate the low rate of .921 per 1000 births in 1940, and 1.26 in 1941. This is much lower than the death rate for the province, which was 3.2 per 1000 births in 1940, and 3.1 in 1941.

Medical Relief Services

Medical Relief Services were inaugurated September 1, 1937, expenditures from that date to August 31, 1942, being as follows:

Administration	\$ 82,070.23
Grants	1,555,346.01
Northern Areas Services	718,473.22
Southern Areas	119,676.35
Transients	462,542.70
Municipal Cases	36,637.86
Land Utilization Cases	3,858.85
P.F.R.A. Cases	185.00
Interned Enemy Aliens	487.54
Metis	694.62
Miscellaneous Cases	304.00
Total	<u>\$2,980,276.38</u>

Mental Hygiene Act:

The Department of Public Health, in co-operation with the Department of Public Works, administers the two Saskatchewan mental hospitals, namely the Battleford Mental Hospital, including the irrigation unit of 300 beds, and the Weyburn Mental Hospital, which includes the School for Defectives.

The capital investment in mental hospitals is \$7,127,599.37, with an annual carrying charge at present of \$294,465.90. The per capita cost per day for caring for patients, exclusive of interest and carrying charges, is 75c per day.

In 1942, these institutions had an average daily population of over 4,000 patients, with 783 employees employed by both Departments (P.H. 600, P.W. 183), and the total cost of operating these institutions for the fiscal year ending 1942 was \$1,493,673.56.

In addition, the Department operates the psychopathic ward in the Regina General Hospital, having a capacity of 27 beds; 218 patients were admitted during 1942. The patient's average stay in this ward was 28.9 days.

The two mental hospitals and the psychopathic ward are equipped to provide the latest and best treatment, **but there is a very urgent need for a new mental hospital.**

Hospitalization:

The Hospital report indicates there were 4,221 hospital beds available during 1942 in the approved hospitals and sanatoria in the province—general, 3,459, sanatoria 762.

8.6% of the population received hospital care, and the patient's average stay in hospital was 9.5 days in general hospitals, and 14.4 months in sanatoria. The Department pays 50c per patient per day to approved general hospitals, and \$1.00 per patient per day to the sanatoria. For the fiscal year ending April 30, 1942, \$440,369.50 was paid for the former, and \$292,197.00 for the latter, a total of \$732,566.50. For the 1942-43 fiscal year, these statutory grants totalled \$736,339.00.

The report further shows a total capital outlay in general hospitals and equipment of approximately \$5,650,000, with a total annual operating expense, exclusive of capital charges, of \$3,050,000. The gross cost per patient per day averages \$3.45, the net operating cost being \$2.90.

In connection with the operation of the sanatoria under the Saskatchewan Anti-Tuberculosis League, the Government erects and equips the institutions and pays \$1.00 per patient per day. The total capital investment is \$2,686,682.22, with an annual carrying charge at present of approximately \$137,907. The patient cost per day is \$2.45.

BRIEF HISTORY OF LEGISLATION ENABLING THE PEOPLE OF SASKATCHEWAN TO SECURE MORE CONVENIENT AND BETTER HEALTH SERVICES

MAIN PROBLEM: The main problem in so far as Saskatchewan is concerned has been to provide medical and hospital facilities to a small population scattered over a comparatively wide area.

History of legislation

- 1916—Rural municipalities were empowered to guarantee a doctor's income to an amount not exceeding \$1,500 per annum, or to pay him a grant up to such an annual maximum, as an inducement for him to practise his profession in the municipality.
- 1919—Rural municipalities were permitted to employ municipal physicians at a maximum annual salary of \$5,000.
- 1930—The maximum annual salary of a municipal physician was increased by \$500 for each township contained in the municipality in excess of nine townships.
- 1932—Rural municipalities were empowered to employ a municipal physician for a portion of the municipality as well as for the whole municipality.

Also two or more contiguous rural municipalities were empowered to co-operate in employing a physician.

1933—Agreements between rural municipalities and municipal physicians made subject to the approval of the Minister of Public Health.

1934—Agreements between rural municipalities and municipal physicians made subject to the approval of the Health Services Board. The bylaw submitted to the electors of the municipality for the employment of a municipal physician was also made subject to the approval of the Health Services Board.

1935—Towns and villages were empowered to employ municipal physicians. Agreements with physicians and bylaws submitted to the electors were made subject to the approval of the Health Services Board.

1937—Rural municipalities, towns and villages were empowered to employ municipal surgeons. Agreements with surgeons and bylaws for the employment of surgeons were made subject to the approval of the Health Services Board.

1939—The Municipal Medical and Hospital Services Act came into force enabling rural municipalities, towns and villages to establish medical and hospital services and pay for same from funds secured by a personal tax levied on each individual resident.

Hospital Services:

1898—An ordinance of the N.W.T. referring to rural municipalities and towns, empowered them to make bylaws for the erection, maintenance and regulation of hospitals, or to grant aid to same.

1908—The City Act provided general powers to acquire and carry on hospitals if ratified by two-third vote of the burgesses. The Town Act empowered a council to pass bylaws for taking over, purchasing, erecting, maintaining and regulating hospitals, or granting aid to hospitals. The Village Act empowered a council to pass bylaws granting aid for the erection and maintenance of hospitals.

1909—The first Rural Municipality Act empowered the council of a rural municipality to grant aid for the erection and maintenance of hospitals.

1912—The City Act empowered a council to appoint a Board of Governors for a hospital.

1916—The City Act empowered a council to take over, purchase, erect, maintain and regulate hospitals, or grant aid to them or to guarantee debenture issues.

1916—The Union Hospital Act was passed designed to furnish more satisfactory hospital facilities for rural areas. This was accomplished by the Act allowing two or more contiguous municipalities to co-operate and to use municipal funds for the purpose of securing or erecting a hospital, and equipping it.

1920—Rural municipalities were empowered, subject to the consent of the Minister of Municipal Affairs, to make an annual grant not exceeding \$1,000 to a Red Cross Outpost, and were also empowered to grant a sum not exceeding \$3,000 to assist in the erection of a building to be used as a Red Cross Outpost.

1927—The Rural Municipality Act was amended to permit aid being granted by a municipality for the erection and maintenance of hospitals, but such sum was not to exceed \$1,000 in any one year, and no liability exceeding that sum was to be incurred unless a bylaw on the question was first submitted to a vote of the electors and approved by two-thirds of those voting.

Hospitalization at Municipal Expense:

1919—The Lloydminster Union Hospital was incorporated by a special Act and this statute contained a provision that the municipalities concerned, besides furnishing the necessary money for maintenance and extension of the hospital, also empowered the municipalities to pay for the actual expense of the hospital care of their respective ratepayers and residents when hospitalized in that institution.

1927—The Union Hospital Act and The Rural Municipality Act were amended empowering rural municipalities contained in union hospital districts to pay for hospitalization of their residents.

1928—The Union Hospital Act was amended permitting a union hospital to enter into an agreement with any municipality providing for annual contributions either by fixed rate per day for each patient, or by a specified sum, and thus extending municipal hospitalization to any rural municipalities desiring to furnish its people with hospital care at municipal expense in a union hospital.

1932—Rural municipalities were empowered to submit a bylaw to the electors on the question of entering into an agreement with any Hospital Board for care and treatment of residents at municipal expense.

1933—Agreements entered into by municipalities for municipal hospitalization were made subject to the approval of the Minister of Public Health.

1934—Agreements entered into by municipalities for municipal hospitalization were made subject to the approval of the Health Services Board.

1936—Towns and villages were empowered to provide their residents with hospital care at municipal expense.

1937—Bylaws and agreements made subject to the approval of the Health Services Board.

1939—The Municipal Medical and Hospital Services Act enabled municipalities to provide medical services as well as hospital services from funds secured by personal tax levied on each individual resident.

Nursing Services:

1916—Rural municipalities were empowered to provide for the appointment of nurses, or grant aid to an organized society for the purpose of securing services of nurses.

1920—Rural municipalities were empowered to provide a grant up to an annual maximum of \$1,000 to a nurse as an inducement for her to practise her profession in the municipality. The following year provision was made enabling the municipality to increase the grant to \$1,500 per annum, if no doctor resided within the borders of the municipality.

1924—Rural municipalities were also empowered to authorize their Reeve or Secretary-Treasurer, under such conditions as might be thought advisable, to supply nurses for the sick in individual cases.

Dental Services:

1939—Rural municipalities were empowered to provide for the appointment of dentists, or to authorize the Reeve or Secretary-Treasurer, under such conditions as might be thought advisable, to supply dentists in individual cases.

Medical and Hospital Services:

1938—The Mutual Medical and Hospital Benefit Associations Act was passed to encourage the growth of voluntary groups in both rural and urban areas for the purchase of medical and hospital services on a mutual benefit, or “co-operative”, plan. There is no fee for incorporation, and any ten persons may apply to have their association incorporated.

**SUMMARY OF MUNICIPAL SERVICES
PROVIDED UNDER LEGISLATION**

The following tables give an indication of the advantage taken of the legislation provided:

MUNICIPALITIES PROVIDING GENERAL MEDICAL SERVICES

	Number	Population	% of Prov. Population	Under Muni- cipal Acts	Under Mun. Med. & Hos. Serv. Act
R.M.s or Parts	106	187,039	21% (approx.)	94	12
Villages	65	12,814	1.43% (17 % of all villages)	53	12
Towns	8	4,935	.55% (8% of all towns)	5	3
	179	204,788	22.8% (approx.)	152	27

MUNICIPALITIES PROVIDING MAJOR SURGICAL SERVICES

	Number	Population	Under Muni- cipal Acts	Under Mun., Med. & Hos. Serv. Act
R.M.s or Parts	40	46,391	30	10
Villages	17	3,539	7	10
Towns	6	3,665	3	3
	63	53,595	40	23

MUNICIPALITIES PROVIDING HOSPITAL CARE AND TREATMENT AT MUNICIPAL EXPENSE

	Number	Population	Percent of Prov. Population	Under Mun. cipal Acts	Under Muni- Med. & Hos. Serv. Act
R.M.s or Parts	88	183,137	18.2%	76	12
Villages	18	2,822	.3%	9	9
Towns	6	3,991	.4%	3	3
	112	169,950	19% (approx.)	88	24

MUNICIPALITIES PROVIDING BOTH MEDICAL AND HOSPITAL SERVICES AT MUNICIPAL EXPENSE

	Number	Population	Under Muni- cipal Acts	Under Mun. Med. & Hos. Serv. Act
R.M.s or Parts	43	79,935	33	10
Villages	10	1,640	1	9
Towns	4	1,949	1	3
	57	83,524 (or 9.3% of Prov. population)	35	22

General Observations

While originally designed to assist outlying districts to secure resident medical practitioners, the municipal physician system has also been applied to more populous areas where physicians in private practice were already well established. Schemes were introduced in which residents of rural municipalities were permitted choice of doctor. Later, rural municipalities were allowed to furnish services on a fee-for-service basis. Thus the system is also being used to distribute the costs of medical care of a community over the entire group. The advent of The Municipal Medical and Hospital Services Act added impetus to that tendency.

The municipal physician system has provided incomes to physicians who could not afford to stay in many districts without assistance. It has undoubtedly reduced the cost of medical attention to the individual, especially to the person more remote from the doctor's office. It is an ideal arrangement for the practice of preventive medicine, and unquestionably patient and doctor are brought together earlier in the course of the disease. The economic status of the patient does not concern the doctor, and, as a result, he may render service to the most urgent cases first.

Insofar as the doctor is concerned, a municipal scheme alters certain conditions usually associated with the private practice of medicine especially when the service is provided on a salary basis. In fact it may often be said that the success of a scheme in a large degree depends upon the personal as well as the professional qualifications of the doctor selected by the municipality.

Cost of Municipal Doctor Service:

An average of \$4,045 per annum is paid by rural municipalities for general medical services provided by municipal doctors on a salary basis—the salaries for entire municipalities ranging from \$2,200 to \$5,000 per annum, the populations served ranging from 700 to 3,500, the average being 2,100.

ASSOCIATIONS OPERATING UNDER THE MUTUAL MEDICAL AND HOSPITAL BENEFIT ASSOCIATIONS ACT, 1938

Since The Mutual Medical and Hospital Benefit Associations Act was passed in 1938, some 13 associations have been incorporated under its provisions. The Act has been used in both rural and urban centres and for the purpose of securing a resident physician in rural areas as well as providing merely hospital care. However, at present it would appear that only four associations are actively furnishing services to their members.

SCHEMES OPERATING UNDER PROVISIONS OF THE BENEVOLENT SOCIETIES ACT

Only one scheme operating under provision of The Benevolent Societies Act was reported to the Select Special Committee of 1943, namely that operated in Regina by Medical Services Incorporated. This was described as "an official experiment into the realm of health insurance under the auspices of the College of Physicians and Surgeons of Saskatchewan . . . undertaken for the purpose of obtaining statistics on the actual cost of providing a fundamental and sound medical and hospital service to the individual and members of his family."

APPENDIX No. 7.

Analysis of Doctors Practising in Saskatchewan as at March 13, 1943

Full-Time Appointments in Hospitals,

Public Health, etc.:

Regina	14		
Saskatoon	9		
Moose Jaw	1	24	5.9%

Full-Time Appointments

in Institutions:

Fort Qu'Appelle Sanatorium	8		
Saskatoon Sanatorium	4		
Prince Albert Sanatorium	4		
North Battleford Mental Hospital	5	27	6.6%
Weyburn Mental Hospital	6		

In Private Practice in the

Four Larger Centres:

Pop. 58,245	Regina	49		
43,027	Saskatoon	46		
20,753	Moose Jaw	15		
12,508	Prince Albert	15	125	30.5%

**Smaller Urban Centres and
Rural Areas:**

Pop. 4,745	North Battleford	6		
5,594	Swift Current	3		
5,577	Yorkton	6		
6,179	Weyburn	2		
1,200	Canora	6		
2,774	Estevan	3		
2,005	Melfort	4		
4,011	Melville	5		
1,237	Tisdale	3		
	Rural Areas	195	233	57.0%

Training Schools, Student and Graduate Nurses

During the year (1941) 224 nurses graduated from the ten hospitals with nurses training schools. This is 22 more than the previous year, and the greatest number ever to graduate from Saskatchewan hospitals in one year.

	Student Nurses		Nurses Graduating		Graduate Nurses on Staff	
	1941	1942	1941	1942	1941	1942
Humboldt	26	28	9	9	10	10
Moose Jaw:						
General	60	72	22	18	14	17
Providence	37	37	9	13	5	4
Prince Albert:						
Holy Family	43	53	17	14	18	10
Victoria	26	20	12	8	9	12
Regina:						
General	90	100	35	36	58	51
Grey Nuns	94	110	38	36	23	30
Saskatoon:						
City	119	135	44	36	29	16
St. Paul's	98	107	30	47	13	18
Yorkton	31	31	8	7	18	22
Totals, 1941	624		224		197	
Totals, 1942	693		224		193	

SELECT SPECIAL COMMITTEE

ON

SOCIAL SECURITY AND HEALTH SERVICES

LIST OF BRIEFS AND EXHIBITS

No.	Submitted by
1	State Hospital and Medical League (Messrs. Powell and Dent)
1A	State Hospital and Medical League (Messrs. Powell and Dent)
1B	State Hospital and Medical League (Messrs. Powell and Dent)
2	United Farmers of Canada (Sask. Section) (Messrs. Bickerton and Appleby)
2A	United Farmers of Canada (Sask. Section) (Messrs. Bickerton and Appleby)
3.	Saskatchewan Pension Association (Mr. Stewart, Mrs. Douglas)
4	Canadian Institute of the Blind (Mr. Beath)
5	Federation of the Blind (Mrs. Shuter)
5A	Federation of the Blind (Mr. Pettapiece)
5B	Federation of the Blind (Mr. Pettapiece)
6	Sask. Association of Rural Municipalities (Messrs. Knox and Pohlman)
7	Law Officers of Crown (Jurisdiction—Messrs. Blackwood & Treleaven)
7A	Law Officers of Crown (Summary)
8	Law Officers of Crown (Sask. Legislation—Mr. Meldrum)
8A	Law Officers of Crown (Summary)
8B	Law Officers of Crown (Supplemental Summary)
9	Sask. Association of Urban Municipalities
10	Pharmaceutical Association (Mr. Peters)
11	John Howard Society & Regina Prisoners' Welfare (Messrs. Smith and Ward)
12	College of Dentists (Dr. C. W. Parker)
13	Osteopathic Physicians (Drs. Northrup and Tanner)
14	Provincial Council of Women (Mrs. Beatty)
15	Department of Public Health (Dr. R. O. Davison)
15A	Department of Public Health (Supplemental)
16	Optometric Association (Mr. Arnold)
17	Medical Profession (Dr. Argue, etc.)
17A	Medical Profession (Dr. Routley's Survey)
18	Regina Welfare Bureau (Miss Selby)
19	Registered Nurses Association (Miss Diederichs)
19A	Registered Nurses Association (Supplemental)
20	Sask. Hospital Association (Mr. Gibson)
	Sask. Hospital Association (Supplemental))
21	Medical "Co-ops"
21A	Medical "Co-ops" (Saskatoon—Mr. Kreutzwieser)
21B	Medical "Co-ops" (Regina—Mrs. Fowler)
22	Homemakers Clubs (Mrs. Medland, etc.)
23	Medical Services Incorporated (Dr. J. L. Brown)
23A	Medical Services Incorporated (Supplemental)
24	Railway Transportation Brotherhoods (Messrs. Williams & McTavish)
25	Catholic Hospital Conference (Mr. Ryan, etc.)
26	Catholic Welfare Association (Mgr. Jansen, etc.)
27	Anti-Tuberculosis League (Mr. McGurran)
27A	Anti-Tuberculosis League (Reports, etc.)
28	Trades and Labour Council (Saskatoon—Mr. Smith)

- 29 Trades and Labour Council (Moose Jaw—Mr. A. Mose)
- 30 Workmen's Compensation Board (Mr. Dunn, Chairman)
- 31 Anglican Church-Social Welfare Council, Diocese of Qu'Appelle
(Canon Creal)
- 32 Old Age Pensions Branch (Mr. White)
- 32A Old Age Pensions Branch (Recommendations)
- 32B Old Age Pensions (Regulations)
- 33 Bureau of Child Protection (Mr. Ring)
- 33A Bureau of Child Protection (Comparative Statement)
- 33B Bureau of Child Protection (Winnipeg Survey — Acts)
- 34 Treasury Department (Mr. Lax)
- 34A Treasury Department (Memo re O.A.P. and Mothers' Allowances)
- 35 Social Agencies Council, Saskatoon (Miss Ferns)
- 35A Social Agencies Council, Saskatoon (Survey)
- Salvation Army (Brig. Carruthers)—see Evidence, pages 495-506.
- 36 Saskatchewan Life Insurance Companies
- 37 Provincial Command, Canadian Legion, B.E.S.L.
- 38 Chiropodists, Saskatchewan Association of
- 39 Canadian Welfare Council (19 pamphlets)

COMMITTEE MATERIAL:

- A. Proposed Draft Agenda.
- B. Agenda as Revised and Adopted.
- C. Proceedings: Ottawa Committee on Social Security.
- D. Marsh Report (Canada)
- E. Beveridge Report (United Kingdom)
- F. Advisory Committee on Health Insurance—Report to Ottawa
Committee.
- G. Minutes of Proceedings, Select Special Committees, 1943 and 1944.
- H. Transcript of Evidence, Select Special Committee, 1943.
- I. First Report of Select Special Committee, 1943.
- J. Report of Inter-Sessional Committee to Select Special Committee, 1944.
- K. Draft Bill as submitted by Advisory Committee to 1944 House of
Commons Committee.
- L. White Paper: British Ministry of Health, 1944 (Mr. Valleau).
- M. Draft Final Report, 1944.
- N. Final Report (Sessional Paper No. 82 — Office of Clerk of the
Assembly).

